

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR REAL ESTATE BUSINESS ENTITY LICENSE

“Business Entity” means any organization or enterprise, other than a sole proprietorship, which is operated for profit or that is nonprofit and non-governmental, including an association, business trust, corporation, joint venture, limited liability company, limited liability partnership, partnership or syndicate.

“Business Representative” means a director, manager, member, officer, owner or partner of a business entity.

TYPE OR PRINT IN INK

CHECK TYPE OF BUSINESS ENTITY:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Syndicate |

PRINT OR TYPE NAME OF BUSINESS ENTITY:

ADDRESS OF BUSINESS ENTITY MAIN OFFICE:

| | | |
|--------|--------|----------|
| Number | Street | PO Box |
| City | State | Zip Code |

ENTER TRADE NAME, IF ANY:

ENTER DAYTIME TELEPHONE NUMBER OF MAIN OFFICE

NOTE: Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions. Contact that office at 608-261-7577 or at www.wdfi.org/corporations/ for more information and **check one** of the statements below:

- ☐ The business entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the business entity has met current legal requirements to engage in business in Wisconsin.
- ☐ The business entity identified above has not filed documents, as described above, with another Wisconsin agency, because the business entity is not required to do so.

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application.

- ☐ \$ 53.00 Initial License
- ☐ \$ 91.00 Reinstatement

| For Office Use Only | |
|---------------------|--------------|
| License # | Date Granted |
| | |

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

ENTER INFORMATION REQUESTED ON EACH BUSINESS REPRESENTATIVE OF THE BUSINESS ENTITY. (Note: If additional space is needed, attach a list of other business representatives, providing the same information as requested below.)

| | |
|--------------------------|--|
| Name and Address: | Title: |
| Occupation Last 2 Years: | Licensed as a Broker? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|--------------------------|--|
| Name and Address: | Title: |
| Occupation Last 2 Years: | Licensed as a Broker? <input type="checkbox"/> YES <input type="checkbox"/> NO |

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| A. Has the business entity or any of its business representatives ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the business entity or any of its business representatives ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the business entity or any of its business representatives, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the business entity or any of its business representatives in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against the business entity as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the business entity currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

Affidavit must be signed by a business representative in the presence of a Notary Public.

I hereby swear and affirm that the answers set forth are true and correct to the best of our knowledge and belief and understand that if we are issued a license, failure to comply with the license law or rules and regulations of the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action against the business entity or any and all business representatives.

Signature of Business Representative

Date

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

(Seal)

Date Commission Expires